PAGE 1 / 60

Image# 15970706750

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		Authorized C				Office Us	e Only
1. NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example over the	e: If typing, e lines.	type	12FE4M	5	
American Academy of F	amily Physician	s Political Ad	ction Com	mittee			
<u> </u>							
ADDRESS (number and street)	1133 Connecticut Aver	nue, NW					
Check if different	Suite 1100						
than previously reported. (ACC)	Washington				DC	20036	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		S	STATE 🛦	:	ZIP CODE A
C C00411553		3. IS THIS REPORT	NEV (N)	OR	× A	MENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May	20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	H	20 (M6)	Η.	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	×	Apr 20 (M4)	Jul :	20 (M7)		20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	n 📙	mary (12P)		General	, ,	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the	ne: Co	nvention (120	,)	Special	(125)	
January 31 Year-End Report (YE)	_	Election on	M M / D	D /	Y Y Y Y Y		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electi Report for the		neral (30G)		Runoff	(30R)	Special (30S)
Termination Report (TER)	·		M = M / D	D /	Y		in the State of
5. Covering Period 03		015	through	03	31	201	
I certify that I have examined this		st of my knowled	dge and beli	ef it is true	e, correct ar	nd complet	e.
Type or Print Name of Treasurer	Hugh M Taylor MD						
Signature of Treasurer Hugh M	I Taylor MD	[El	ectronically Fi	<i>led]</i> Da	ate 05	M / 19	2015
NOTE: Submission of false, erroneo	us, or incomplete inforr	mation may subject	ct the person	signing th	s Report to	the penaltie	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 03 01 2015 To: 03 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2015		439447.27				
	(b) Cash on Hand at Beginning of Reporting Period	434046.25					
	(c) Total Receipts (from Line 19)	64370.85	122805.14				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	498417.10	562252.41				
· .	Total Disbursements (from Line 31)	94343.36	158178.67				
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	404073.74	404073.74				
•	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

ort Covering the Period: From: 03	01 2015 To:	03 31 2015 COLUMN B					
I. Receipts	I. Receipts COLUMN A Total This Period						
•							
	40651 07	73814.39					
(i) Itemized (use Schedule A)							
(ii) Unitemized	23719.78	47540.91					
Lines 11(a)(i) and (ii)	64370.85	121355.30					
,	0.00	0.00					
(such as PACs)	0.00	0.00					
,							
Totals to Line 33, page 5)▶	64370.85	121355.30					
	0.00	0.00					
Il Loans Received	0.00	0.00					
oan Ronaymente Received	0.00	0.00					
· ·	7	0.00					
Refunds, Rebates, etc.)							
Carry Totals to Line 37, page 5)	0.00	1449.84					
efunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,					
olitical Committees	0.00	0.00					
· · · · · · · · · · · · · · · · · · ·							
· · · · · · · · · · · · · · · · · · ·	0.00	0.00					
	,	,					
·							
(from Schedule H3)	0.00	0.00					
b) Levin Funds (from Schedule H5)	0.00	0.00					
	0.00	0.00					
	contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal	100011001	Guiondai Tour to Buto			
Activity (from Schedule H4)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	843.36	1763.67			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	843.36	1763.67			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees and Other Political Committees	93500.00	156000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
. Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	415.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	415.00			
Other Disbursements	0.00	0.00			
. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity					
(from Schedule H6) (i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
		7			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	94343.36	158178.67			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	94343.36	158178.67			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 OIIII OX (NEV. 02/2000)		1 age 0
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	64370.85	121355.30
4. Total Contribution Refunds (from Line 28(d))	0.00	415.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64370.85	120940.30
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	843.36	1763.67
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1449.84
Net Operating Expenditures (subtract Line 37 from Line 36)	843.36	313.83

1mage# 15970706755 PAGE 6 / 60

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA Transaction ID :

Amended to remove incorrect unitemized donation entry

Form/Schedule: Transaction ID:

_	LINE	PAGE		7	OF		60			
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Any information copied from such Reports and Si or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Stephen Carl Albrecht MD		Date of Receipt
Mailing Address 5909 Swayne Dr NE		03 23 2015
City	State Zip Code	Transaction ID : C2966578
Olympia	WA 98516-9547	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Swedish Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Donald W Allen MD		Date of Receipt
Mailing Address PO Box 865		03 18 2015
City	State Zip Code	Transaction ID : C2949220
Coalville	UT 84017-0865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C. Kurt Bradley Angstman MD		Date of Receipt
Mailing Address 1697 Century Valley Rd NE		03 23 2015
City	State Zip Code	Transaction ID : C2960465
Rochester	MN 55906-7708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mayo Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1230.00
TOTAL This Period (last page this line number of	<u>·</u>	

Use separate schedule(s) for each category of the **Detailed Summary Page**

FOR LINE NUMBER:						PAGE	:	8	OF		60
ı	(check only one)										
ı	X	11a	11c		12						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Kathleen Mary Ankers MD Date of Receipt Mailing Address PO Box 295 2015 23 City State Zip Code Transaction ID: C2960510 01810-0005 Andover MA Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation US Air Force - Veterans Health Affairs Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy Michael Beittel MD Date of Receipt Mailing Address 702 Wildwood Rd 03 18 2015 City State Zip Code Transaction ID: C2949222 NC Aberdeen 28315-2132 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation St. Joseph of the Pines Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00

	, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Jerome W Bentz MD		Date of Receipt
Mailing Address PO Box 873		03 23 2015
City	State Zip Code	Transaction ID : C2960590
Platte	SD 57369-0873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Platte Health Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1230.00

Other (specify)

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
/	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Kenneth Robert Bertka MD Mailing Address 8533 Castle Oaks PI		Date of Receipt
City Holland	State Zip Code OH 43528-9231	03 18 2015 Transaction ID : C2949198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	500.00
Mercy Health Partners Receipt For: Primary General	Family Physician Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Nicki M Bertka MD Mailing Address 8533 Castle Oaks PI		Date of Receipt 03 18 _2015 _
City Holland	State Zip Code OH 43528-9231	03 18 2015 Transaction ID : C2949197 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hospice of Northwest Ohio Receipt For:	Occupation Family Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Wendy S Biggs MD Mailing Address 44400 Townships Address	21	Date of Receipt
Mailing Address 11400 Tomahawk Creek City Leawood	State Zip Code KS 66211-2680	03 23 2015 Transaction ID : C2961420
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer University of Kansas Medical School	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Karla L Birkholz MD Mailing Address 6320B W Union Hills Dr Ste 2300 City Glendale FEC ID number of contributing federal political committee. Name of Employer Your Family Physician Receipt For: Primary General Other (specify)	State Zip Code AZ 85308-7112 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 03 30 2015 Transaction ID : C2969247 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd City Kingsport FEC ID number of contributing federal political committee. Name of Employer ETSU Receipt For: Primary General Other (specify)	State Zip Code TN 37664-2117 C Occupation Family Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 14 2015 Transaction ID : C2946190 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Robert C M Bourne MD Mailing Address 1538 Dwight St City Redlands FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 92373-7013 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 03 15 2015 Transaction ID : C2946202 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)	830.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE N	NUMBER	PAGE	1	11	OF	60	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Brian Brian Budenholzer MD Date of Receipt Mailing Address 3637 Calvary Dr 2015 City Zip Code State Transaction ID: C2949229 NC Greenville 27834-0940 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. E Chris C Bush MD Date of Receipt Mailing Address 8597 Marquette Dr 03 18 2015 City State Zip Code Transaction ID: C2949207 MI Grosse Ile 48138-1567 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Jeffrey J Cain MD Date of Receipt Mailing Address 341 S High St 30 2015 03

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1000.00

Zip Code

80209-2629

State

CO

Occupation
Family Physician

Aggregate Year-to-Date ▼

С

1000.00

Transaction ID: C2969265

Amount of Each Receipt this Period

City

Denver

FEC ID number of contributing

Other (specify)

General

federal political committee.

Name of Employer

Receipt For:

University of Colorado

Primary

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD		Date of Receipt
Mailing Address PO Box 506		03 23 2015
City	State Zip Code	Transaction ID : C2960359
Huntingdon	TN 38344-0506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1375.00
Name of Employer	Occupation	7
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	55 0	
Other (specify) ▼	1375.00	
Full Name (Last, First, Middle Initial) Mark E Collins MD		Date of Receipt
Mailing Address 354 N Maple Ave		03 02 _2015 _
City	State Zip Code	Transaction ID : C2941343
Wood Dale	IL 60191-1539	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Family Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Steven Michael Connolly MD		Date of Receipt
Mailing Address 7410 Old Erie View Dr		03 12 2015
City	State Zip Code	Transaction ID : C2946012
Fayetteville	NY 13066-9679	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Familycare medical group	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (ontional)	····	2240.00
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Steven A Crawford MD Mailing Address 900 NE 10th St		Date of Receipt
City Oklohomo City	State Zip Code OK 73104-5420	03 23 2015 Transaction ID : C2959528
Oklahoma City FEC ID number of contributing federal political committee.	C 73104-3420	Amount of Each Receipt this Period 416.66
Name of Employer University of Oklahoma Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 1249.98	
Full Name (Last, First, Middle Initial) Barbara J Doty MD		Date of Receipt
Mailing Address 2250 S Woodworth Loop Ste 100 City Palmer FEC ID number of contributing federal political committee.	State Zip Code AK 99645-7457	03 02 2015 Transaction ID : C2941344 Amount of Each Receipt this Period 365.00
Name of Employer Providence Matanuska Health care Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Wanda D Filer MD Mailing Address 510 Aqua Ct		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City York FEC ID number of contributing federal political committee.	State Zip Code PA 17403-3623	Transaction ID : C2944399 Amount of Each Receipt this Period 350.00
Name of Employer Strategic Health Institute Receipt For:	Occupation Family Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)		1131.66
TOTAL This Period (last page this line numbe		

federal political committee.

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Seth Yawki Flagg MD Date of Receipt Mailing Address 9129 Bradford Rd 30 2015 City State Zip Code Transaction ID: C2969605 20901-4917 MD Silver Spring Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark J Flynn MD Date of Receipt Mailing Address 367 Benevente Dr 03 2015 23 City State Zip Code Transaction ID: C2960367 Oceanside CA 92057-8408 Amount of Each Receipt this Period FEC ID number of contributing 365.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Self Employed Receipt For: Primary General Other (specify)	Family Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C. Dianna L Fury MD Mailing Address 1100 Green Acres Ln		Date of Receipt 03 30 2015
City Bosque Farms FEC ID number of contributing federal political committee.	State Zip Code NM 87068-9010	Transaction ID : C2969288 Amount of Each Receipt this Period 365.00
Name of Employer Southwest Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1230.00

Use separate schedule(s) for each category of the Detailed Summary Page

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(chec	k only o	ne)						
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	13	14		15		16		17

or tor commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Corrine M Ganske MD Mailing Address 840 E University Ave		Date of Receipt
City Des Moines	State Zip Code IA 50316-2304	03 23 2015 Transaction ID : C2960372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Iowa Health Des Moines	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J H Gardner MD Mailing Address Bo B - 146		Date of Receipt
Mailing Address PO Box 518 City	State Zip Code	03 23 2015 Transaction ID : C2960357
Buffalo	IA 52728-0518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Andrea M Gavin MD		Date of Receipt
Mailing Address 2600 Kiley Way		03 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Plymouth	State Zip Code WI 53073-5020	Transaction ID : C2969295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Aurora Health Care	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)	1015.00
	<i>,</i>	
TOTAL This Period (last page this line num	ber only)	1

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	13		14		15		16	;	17

	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Academy of Famil	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) A. Chet M Gentry MD		Date of Receipt
Mailing Address 545 Jamestown Rd		03 24 2015
City	State Zip Code	Transaction ID : C2961423
Cookeville	TN 38501-3066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. iggiogato Total to Bato V	
Other (specify) ▼	273.75	
Full Name (Last, First, Middle Initial) 3. Joseph W Gravel MD	'	Date of Receipt
Mailing Address 16 Patriot Way		03 06 2015
City	State Zip Code	Transaction ID : C2944266
North Reading	MA 01864-3225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Greater Lawrence FHC	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Boyde Jerome Harrison MD		Date of Receipt
Mailing Address 904 26th St		03 07 2015
City	State Zip Code	Transaction ID : C2944270
Haleyville	AL 35565-1719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	252.00	
SUBTOTAL of Receipts This Page (optional	i)	675.25
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Daniel J Heinemann MD Date of Receipt Mailing Address 1305 W 18th St 2015 23 City State Zip Code Transaction ID: C2959527 SD 57105-0401 Sioux Falls Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Sioux Valley Health Systems Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Miyoshi L Henry MD Date of Receipt Mailing Address 3030 William Tell St 03 18 2015 City State Zip Code Transaction ID: C2949230 Slidell LA 70458-4344 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Slydale Memorial Hospital Physician Receipt For:

Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C. Wayne K Hoffman MD Mailing Address 408 Rock Springs Rd Ne		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2949240
Atlanta	GA 30324-5102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	565.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

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	nd Statements may not be sold or used by any per g the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family	y Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Ann H Hoffmann MD		Date of Receipt
Mailing Address W7876 County Road O		03 18 _ 2015 _
City	State Zip Code	Transaction ID : C2949200
Mauston	WI 53948-9328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. David Martin Hoffmann MD		Date of Receipt
Mailing Address W7876 County Road O		03 18 _2015 _
City	State Zip Code	Transaction ID : C2949199
Mauston	WI 53948-9328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
	Occupation	
Name of Employer Self Employed	Occupation	
• •	Family Physician	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt
Mailing Address 112 5Th Ave W) A	03 23 2015
Family Care Physicians, F	State Zip Code	Transaction ID : C2959821
Jerome	ID 83338-1825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	-
St. Lukes-Jerome	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (ontional	I)	2230.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Eugene H Jackson MD Date of Receipt Mailing Address 151 S Houston Lake Rd Ste 190 Proff Build A Macon Hwy Pulias 2015 City Zip Code State Transaction ID: C2962082 GΑ 31088-6382 Warner Robins Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Family Physician Taylor Regional Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. John R Jacobsen MD Date of Receipt Mailing Address 2120 S 64th Plz Apt 102 03 30 2015 City State Zip Code Transaction ID: C2969282 NE 68106-2878 Omaha Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Think Primary Care Family Physician Receipt For:

Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Richard H Jones MD Mailing Address 106 W Howell Ave		Date of Receipt 03 14 2015
City	State Zip Code	Transaction ID : C2946168
Alexandria	VA 22301-1508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
US Government	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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/	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Jason L Knudson MD Mailing Address 1420 N 10Th St City Spearfish FEC ID number of contributing federal political committee. Name of Employer Regional Health Physicians Receipt For: Primary General Other (specify)	State Zip Code SD 57783-1532 C Occupation Family Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / 27 2015 Transaction ID : C2967556 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Azar A Korbey MD Mailing Address 22 Main St City Salem FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NH 03079-5900 C Occupation Family Physician Aggregate Year-to-Date ▼ 565.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sushama B Kotmire MD Mailing Address 112 Nolan Dr City Allegany FEC ID number of contributing federal political committee. Name of Employer Seneca Nation Health System Receipt For: Primary Other (specify)	State Zip Code NY 14706-1115 C Occupation Family Physician Aggregate Year-to-Date ▼ 275.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	>	1340.00

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NAME OF COMMITTEE (In Full)	ily Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) Marlene K Lambiaso MD Mailing Address 659 Course Dr.		Date of Receipt
Mailing Address 658 Cayuga Dr		03 23 2015
City	State Zip Code FL 32708-5603	Transaction ID : C2960587
Winter Springs	FL 32108-3603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Deborah I Leavens MD		Date of Receipt
Mailing Address 7101 Capitol View Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	03 07 2015 Transaction ID : C2944286
McLean	VA 22101-2617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Fairfax Family Practice Centers	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael L Madden MD		Date of Descipt
Mailing Address 4907 Windermere Blvd		Date of Receipt M
City	State Zip Code	Transaction ID : C2949241
Alexandria	LA 71303-2459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
L.S. U. HSC	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
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Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any personal part and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Kenric Dana Malmberg MD Mailing Address 1309 10Th Ave W City Mobridge	State Zip Code SD 57601-1146	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Family Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Lee W McCallum MD Mailing Address 7248 Oakville Dr City Germantown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TN 38138-2075 C Occupation Family Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Catherine McCarthy Md McCarthy Mailing Address 1140 Monroe Ct City Reno FEC ID number of contributing federal political committee. Name of Employer University of Nevada Receipt For: Primary General Other (specify)	State Zip Code NV 89509-2600 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. Douglas M McFarland MD		Date of Receipt
Mailing Address 1502 E Main St PO Box 338		03 30 2015
City Trinidad	State Zip Code CO 81082-2014	Transaction ID : C2969271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address PO Box 289 100 Serendipity Dr		Date of Receipt 03 09 2015
City Brent	State Zip Code AL 35034-0289	Transaction ID : C2944378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		03 10 2015
City Brent	State Zip Code AL 35034-0289	Transaction ID : C2945324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
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75.00

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\geq	American Academy of Family P	hysicians Political Action Committ	ee
Α.	Full Name (Last, First, Middle Initial) Anne M Montgomery MD		Date of Receipt
	Mailing Address 44818 Oro Grande Cir		03 28 2015
	City Indian Wells	State Zip Code CA 92210-7411	Transaction ID : C2968771 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer	Occupation	
	Eisenhower Medical Associates	Family Physician	
	Receipt For: Primary Other (specify) General	Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dale C Moquist MD		Date of Receipt
	Mailing Address 4318 Lake Walk Ct		03 09 2015
	City	State Zip Code	Transaction ID: C2972265
	Missouri City	TX 77459-3268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	91.66
	Name of Employer Retired	Occupation	
	Receipt For:	Family Physician	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	274.98	
c.	Full Name (Last, First, Middle Initial) Santiago Morales MD		Date of Receipt
	Mailing Address 1840 Mease Dr		03 23 2015
	City	State Zip Code	Transaction ID : C2960368
	Safety Harbor	FL 34695-6600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer	Occupation	
	Self Employed	Family Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	365.00	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Martha J Moulton MD Date of Receipt Mailing Address 39 Washington Ave 2015 City State Zip Code Transaction ID: C2949192 CT 06810-7926 Danbury Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation **DOPS** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Naghavi DO Date of Receipt Mailing Address 9307 Shady Lane Cir 03 23 2015 City State Zip Code Transaction ID: C2959741 TX Houston 77063-1306 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. R W Nicholson MD Date of Receipt Mailing Address 801 Cobblestone Dr 2015 03 18 Zip Code City State Transaction ID: C2949202 IN Evansville 47715-4288 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 915.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 28 OF 60 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jaime Gabriel Oakley MD Date of Receipt Mailing Address 1225 E Weisgarber Rd Summit Medical Group, PLLC 30 2015 City Zip Code State Transaction ID: C2969279 TN 37909-2604 Knoxville Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Summit Medical Group, PLLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) Full Name (Last, First, Middle Initial) B. Javette C Orgain MD Date of Receipt Mailing Address PO Box 806527 03 28 2015 City State Zip Code Transaction ID: C2968772 IL Chicago 60680-4126 Amount of Each Receipt this Period FEC ID number of contributing 110.00 federal political committee. Name of Employer Occupation Vitas Innovative Hospice Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify)

300.00

Full Name (Last, First, Middle Initial) c. Daniel J Ostergaard MD Date of Receipt Mailing Address 14547 S Hagan St 03 23 2015 City Zip Code State Transaction ID: C2959817 KS Olathe 66062-9001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

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NAME OF COMMITTEE (In Full)	y Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) James A Ouellette MD Mailing Address 14 Jones Hollow Rd Ste 1 City Marlborough FEC ID number of contributing federal political committee. Name of Employer ProHealth Physicians Receipt For: Primary General Other (specify)	State Zip Code CT 06447-1448 C Occupation FamilyPhysician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 03 18 2015 Transaction ID: C2949336 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Tomas P Owens MD Mailing Address 912 Fox Lake Ln		Date of Receipt
City Edmond FEC ID number of contributing federal political committee.	State Zip Code OK 73034-7341	Transaction ID : C2969600 Amount of Each Receipt this Period 735.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 735.00	
Full Name (Last, First, Middle Initial) Wilson D Pace MD Mailing Address 7804 E Colgate PI City Denver FEC ID number of contributing federal political committee. Name of Employer University of Colorado Receipt For:	State Zip Code CO 80231-4130 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 03 23 2015 Transaction ID : C2960543 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1350.00
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
,	Physicians Political Action Commi State Zip Code IA 52172-0126 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 30 2015 Transaction ID: C2969274 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Karen S Phelps MD Mailing Address 235 Kestwick Dr W	Date of Receipt	
City Martinez FEC ID number of contributing federal political committee. Name of Employer	State Zip Code GA 30907-1690 C Occupation	03 09 2015 Transaction ID : C2945124 Amount of Each Receipt this Period 600.00
U. S. Army Receipt For: Primary General Other (specify) ▼	Family Physician Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Bryan Anthony Picou MD Mailing Address 1029 Keyser Ave Ste G # A City Natchitoches FEC ID number of contributing federal political committee. Name of Employer	State Zip Code LA 71457-6215 C Occupation	Date of Receipt 03 23 2015 Transaction ID : C2960579 Amount of Each Receipt this Period 370.00
Natchitoches Medical Clinic Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 370.00	
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Marguerite B Picou MD Mailing Address 1029 Keyser Ave Ste G City Natchitoches FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code LA 71457-6215 C Occupation Physician Aggregate Year-to-Date ▼ 370.00	Date of Receipt M M M 23 2015 Transaction ID: C2960571 Amount of Each Receipt this Period 370.00
Full Name (Last, First, Middle Initial) Robert W Power MD Mailing Address 108 Monterey Dr		Date of Receipt M M M / D D / Y D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code MO 65109-6129	Transaction ID : C2969290
Jefferson City FEC ID number of contributing federal political committee.	MO 65109-6129	Amount of Each Receipt this Period 250.00
Name of Employer Capitol Region Medical Center Receipt For:	Occupation Family Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) William E Raduege MD Mailing Address PO Box 553		Date of Receipt
City Woodruff	State Zip Code WI 54568-0553	03 18 2015 Transaction ID : C2949203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer William E Raduege, MD, SC (Corporation	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional)	>	1245.00
TOTAL This Period (last page this line number	only)	

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/ American Academy of Family	Physicians Political Action Commi	ittee		
Full Name (Last, First, Middle Initial) Darrin M Ray Mailing Address 1230 George Rock Dr		Date of Receipt 03 04 2015		
City	State Zip Code	Transaction ID : C2942029		
Farmer City	IL 61842	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation			
Gibson Area Hospital	Family Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	365.00			
Full Name (Last, First, Middle Initial) Jeffrey Lyn Robertson MD		Date of Receipt		
Mailing Address 101 Seminole Cir		M = M / D = D / Y = Y = Y		
Normandy Dr City	State Zip Code	03 18 2015		
Niceville	FL 32578-1242	Transaction ID : C2949339 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation			
US Army	Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			
Full Name (Last, First, Middle Initial) Sarah L Sams MD		Date of Receipt		
Mailing Address 2994 Frazell Rd				
City Hilliard	State Zip Code OH 43026-9785	03 11 2015 Transaction ID : C2945771 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	120.00		
Name of Employer	Occupation			
Self Employed	Family Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	240.00			
Other (specify) ▼				
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		850.00		

Use separate schedule(s) for each category of the Detailed Summary Page

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Full Name (Last, First, Middle Initial)		Date of Danaint
Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane		Date of Receipt 03 23 2015
City	State Zip Code	Transaction ID : C2960561
Guttenberg	IA 52052-0370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Family Medicine Associate	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Thomas A Smith MD	•	Date of Receipt
Mailing Address 186 Hospital Rd	M = M / D = D / Y = Y = Y	
Ste 300	State 7in Code	03 23 2015
Winchester	State Zip Code TN 37398-2473	Transaction ID : C2960545
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Gil Solomon MD	'	Date of Receipt
Mailing Address 24508 Indian Hill Ln		03 23 2015
City West Hills	State Zip Code CA 91307-3832	Transaction ID : C2960426 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anthem Blue Cross	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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Full Name (Last, First, Middle Initial) Robert Spierer MD Mailing Address 36 E Sherman Ave		Date of Receipt
		03 18 2015
City	State Zip Code	Transaction ID : C2949204
Colonia	NJ 07067-1413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Gregory J Steinmetz MD		Date of Receipt
Mailing Address 150 Bluff Ave	M = M / D = D / Y = Y = Y	
City	State Zip Code	03 23 2015
Cranston	RI 02905-3727	Transaction ID : C2960509 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif Hedelpt this Fellou
federal political committee.	C	300.00
Name of Employer	Occupation	
APCM	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Windel A Stracener MD	1	Date of Receipt
Mailing Address 1333 Hunters Pointe Dr		03 11 2015
City	State Zip Code	Transaction ID : C2945772
Richmond	IN 47374-7184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) American Academy of Fami	ly Physicians Political Action Commit	tee		
Full Name (Last, First, Middle Initial) Glen R Stream MD Mailing Address 44818 Oro Grande Cir	Glen R Stream MD			
		03 21 2015		
City Indian Wells	State Zip Code CA 92210-7411	Transaction ID : C2959240 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer	Occupation	-		
Eisenhower Medical Associates	physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Mark Randal Suenram MD	<u> </u>	Date of Receipt		
Mailing Address 6675 Holmes Rd		03 23 2015		
City	State Zip Code	Transaction ID : C2959820		
Kansas City	MO 64131-1150	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer	Occupation	1		
Self Employed	Family Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) C. Nancy C Swikert MD	<u>'</u>	Date of Receipt		
Mailing Address 8780 US Highway 42		03 23 2015		
City Florence	State Zip Code KY 41042-6936	Transaction ID: C2960555		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00		
Name of Employer	Occupation	-		
Self Employed				
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	365.00			
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Nicholee Ruth Theiss Kent MD Date of Receipt Mailing Address 1396 Graham Cir 2015 23 City State Zip Code Transaction ID: C2960544 CO Erie 80516-3617 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer Occupation Carbon Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Suchmor Thomas MD Date of Receipt Mailing Address 5126 Candlewood Dr 03 Apt 2 18 2015 City State Zip Code Transaction ID: C2949237 TX League City 77573-3190 Amount of Each Receipt this Period FEC ID number of contributing 625.00 federal political committee. Name of Employer Occupation **Emcare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly L Tjaden MD Date of Receipt Mailing Address 1490 Riverside Ave N 2015 03 18 City Zip Code State Transaction ID: C2949326 MN Sartell 56377-2348 Amount of Each Receipt this Period FEC ID number of contributing 1081.00 С federal political committee. Name of Employer Occupation Family Physician St Cloud Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 1081.00 Other (specify)

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Daniel J Van Durme MD Mailing Address 7023 Dardwood Ln		Date of Receipt					
City	State Zip Code	03 18 2015					
Tallahassee	FL 32312-3511	Transaction ID : C2949341					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 370.00					
Name of Employer	Occupation						
FSU College of Medicine	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00						
Full Name (Last, First, Middle Initial) Bruce Alan Wallstedt MD		Date of Receipt					
Mailing Address 6323 Canterbury Close		M M / D D / Y Y Y Y					
City	State Zip Code	03 10 2015					
Brentwood	TN 37027-4870	Transaction ID : C2945318 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	36.50					
Name of Employer	Occupation						
Self Employed	Family Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 36.50						
Full Name (Last, First, Middle Initial)	•						
Daniel A Walters MD		Date of Receipt					
Mailing Address 2304 E County Road 950		03 18 2015					
City Seymour	State Zip Code IN 47274-8155	Transaction ID : C2949335					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00					
Name of Employer	Occupation						
Caring Family Physicians	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	400.00						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Kevin S Wang MD		Date of Receipt
Mailing Address 1823 Terry Ave		M = M / D = D / Y = Y = Y
Apt 1609	Chata Zin Onda	03 24 2015
City Seattle	State Zip Code WA 98101-2406	Transaction ID : C2961422
	55101-2-100	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Swedish Medical Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) \blacktriangledown	300.00	
Full Name (Last, First, Middle Initial) Mary Jo Jo Welker MD		Date of Receipt
Mailing Address OSU-Rardin Family Practic	e Center	M = M / D = D / Y = Y = Y
2231 N High St	State 7in Code	03 18 2015
City Columbus	State Zip Code OH 43201-1101	Transaction ID : C2949210
_	45201-1101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	7
Ohio State University	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Outer (specify) ▼	1000,00	
Full Name (Last, First, Middle Initial) C. Randell K Wexler MD		Date of Receipt
Mailing Address 6040 Haybury Dr		03 20 2015
City	State Zip Code	Transaction ID : C2955573
New Albany	OH 43054-8691	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	-
Ohio State University	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	750.00	
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		1850.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)	ly Dhysisiana Dalitical Action Occasion	too
·	ly Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		03 08 2015
City	State Zip Code	Transaction ID : C2944294
Dahlonega	GA 30533-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Southern Health	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Patricia R Witte MD		Date of Receipt
Mailing Address 1022 Midland St		03 23 2015
City	State Zip Code	Transaction ID : C2966577
Madison	WI 53715-1922	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	1
Group Health Cooperative	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) J Mack Worthington MD		Date of Receipt
Mailing Address 1100 E 3rd St		03 30 2015
City	State Zip Code	Transaction ID : C2969294
Chattanooga	TN 37403-2241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
CURTOTAL of Provided Title Day (197	-10	1500.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. David P Wright MD Mailing Address 1313 Red River St Ste 10	00	Date of Receipt
City Austin	State Zip Code TX 78701-1923	03 18 2015 Transaction ID : C2949208
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Seton Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	Chala Zin Coda	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	,
Name of Employer Receipt For:	Occupation	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	ıl)	370.00
TOTAL This Period (last page this line num	nber only)	40651.07

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	NAME OF COMMITTEE (In Full)													
	American Academy of Family Phys	icians F	Political Action	on C	om	mitte	ee							
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	Mailing Address PO Box 53852						03		02	2	2	2015		
	,	State	Zip Code				Trans	actio	n ID	: D164	775			
	Phoenix Purpose of Disbursement	AZ	85072-3852				mans	uotic						
	Bank card processing fee						Amoun	t of E	Each	Disbur	semer	nt this	Perio	od
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	Mailing Address PO Box 53852						03		02			2015		
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	Mailing Address PO Box 53852						03]	02			2015	Ĺ	
		State AZ	Zip Code 85072-3852				Trans	sactio	on ID	: D164	778			
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	NAME OF COMMITTEE (In Full)													
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	Mailing Address PO Box 53852						03		04	1		2015		
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	Phoenix Purpose of Disbursement	AZ	85072-3852											
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		State AZ	Zip Code 85072-3852				Trans	sactio	on ID	: D16	5240			
	Purpose of Disbursement Bank card processing fee			_	-	7	Amount	+ of F	-oob	Diahu		at thia	Doriod	
	Candidate Name				egory.	/	Amoun	COLE	acii	DISDU	Seme		1.86	1
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	Senate	Primary	General											
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or for commercial purposes, other than using the na	ame and add	ress of any politi	cal con	nmitte	ee to	solicit co	ntribu	tions	from	such	comn	nittee	∍.
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SCHEDULE B (FEC Form 3X)		1 11 12	FOR L	INE N	IUMBER:			PAGE	= 44 (OF 6
ITEMIZED DISBURSEMENTS	Use separate s for each categor		(check					٦		
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SCHEDULE B (FEC Form 3X)		FOR	FOR LINE NUMBER: PAGE 45 OF				OF 60				
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ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one)	30b iting contributions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solici or for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicity. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial)	30b iting contributions
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A. American Express Date of Disbursement	
M M / D D /	Y Y Y Y
Mailing Address PO Box 53852 03 30	2015
City State Zip Code Transaction ID : D165	250
Phoenix AZ 85072-3852	230
Purpose of Disbursement Bank Card Processing Fee Amount of Each Disburs	sement this Period
Candidate Name Category/ Type	0.65
Office Sought: House Disbursement For:	
Senate Primary General	
President Other (specify) ▼	
State: District:	
Full Name (Last, First, Middle Initial)	
B. American Express Date of Disbursement	
Mailing Address PO Box 53852 03 31	2015
City State Zip Code Transaction ID : D165	 5251
Phoenix AZ 85072-3852 Purpose of Disbursement	
Bank Card Processing Fee Amount of Each Disburs	sement this Period
Candidate Name Category/ Type	7.95
Office Sought: House Disbursement For:	
Senate Primary General	
President Other (specify) ▼	
State: District:	
Full Name (Last, First, Middle Initial)	
C. American Express Date of Disbursement	
Mailing Address PO Box 53852 03 31	2015
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Phoenix AZ 85072-3852	-253
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Candidate Name Category/	sement this Period 6.50
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Senate Primary General	
President Other (specify) ▼	
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SCHEDULE B (FEC Form 3X)		FOR LIN	FOR LINE NUMBER: PAGE 48 OF				
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NAME OF COMMITTEE (In Full)							
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Office Sought: House Disbursem	nent For:						
	Primary General Other (specify) ▼						
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Full Name (Last, First, Middle Initial)							
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Spokane	State Zip Code WA 99210-2485		Trans	action ID : D	164779		
Purpose of Disbursement Bank card processing fee			Amount	t of Each Dis	bursement t	his Pe	riod
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	Purpose of Disbursement			=	-	_								
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	President	Other (spe												
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	Mailing Address 607 14th St NW Ste 800						03	_	0	9		2015		
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	Senate President	Primary Other (spe	General											
	State: District:	Otrici (Spc	city) \blacktriangledown											
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	Mailing Address 209 Pennsylvania Avenue, SE						03		08	9	2	2015		
	City	State	Zip Code											
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	Purpose of Disbursement				-	_								
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 50 OF 60
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NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	sicians Political Actio	on Committe	ee
Full Name (Last, First, Middle Initial)			D (D)
A. ALAN LOWENTHAL FOR CONGR	RESS		Date of Disbursement
Mailing Address 6380 WILSHIRE BLVD., #1612			03 16 2015
City	State Zip Code		Transaction ID - D4C4000
LOS ANGELES	CA 90048		Transaction ID: D164922
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Alan Lowenthal		Type	2300.00
Office Sought: House Disburser	nent For: 2016 Primary ☐ General Other (specify) ▼		
State: CA District: 47			
Full Name (Last, First, Middle Initial)			
B. BERA FOR CONGRESS			Date of Disbursement
Mailing Address POST OFFICE BOX 582496			03 09 2015
ELK GROVE	State Zip Code CA 95758		Transaction ID : D164823
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Ami Bera		Type	3000.00
	nent For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. ANDY HARRIS FOR CONGRESS			Date of Disbursement
S. AND THARRIS FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO Box 1527			03 09 2015
,	State Zip Code MD 21404		Transaction ID : D164836
Purpose of Disbursement			
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Andy Harris		Type	1000.00
Senate President	nent For: 2016 Primary General Other (specify)		
State: MD District: 01			
SUBTOTAL of Disbursements This Page (optional)		·····•	8500.00
TOTAL This Period (last page this line number only)		·····•	

Description Dispursement Disp	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 51 OF 60
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contribution for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) A. CATHY MCMORRIS RODGERS FOR CONGRESS Mailing Address Box 137 City State Zip Code WA 99210 Purpose of Disbursement Campaign contribution Candidate Name Rep. Cathy McMorris Rodgers Office Sought: House Senate President Senate President State: WA District: 05 Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS Mailing Address PO Box 3176 City State Zip Code Nu 07740 Purpose of Disbursement Campaign contribution Candidate Name Rep. Frank Pallone Jr. Office Sought: House Senate President State: Nu District: 06 Full Name (Last, First, Middle Initial) Furpose of Disbursement Campaign contribution Candidate Name Rep. Frank Pallone Jr. Office Sought: House Senate President State: Nu District: 06 Full Name (Last, First, Middle Initial) Furpose of Disbursement Campaign contribution Candidate Name Rep. Frank Pallone Jr. Office Sought: House Senate President VA 22301-1015 Furpose of Disbursement Campaign contribution Candidate Name Rep. Frank Pallone Jr. Office Sought: House Senate President VA 22301-1015 Furpose of Disbursement Campaign contribution Candidate Name Rep. Frad Upton Office Sought: House Senate President VA 22301-1015 Furpose of Disbursement Campaign contribution Candidate Name Rep. Frad Upton Office Sought: House Senate President VA 22301-1015 Furpose of Disbursement Campaign contribution Candidate Name Rep. Frad Upton Office Sought: House Senate President VA 22301-1015 Furpose of Disbursement Campaign contribution Campaign contribution Campaign contribution Campaign contribution Campaign contribution Campaign contribution Campaign contribution Campaign contr	ITEMIZED DISBURSEMENTS		(check only	one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution of for commercial purposes, other through and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) A. CATHY MCMORIS RODGERS FOR CONGRESS Mailing Address Box 137 City State Zip Code WA 99210 Purpose of Disbursement Campaign contribution Candidate Name Rep. Cathy McMorris Rodgers Office Sought: House Disbursement For: 2016 Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS Mailing Address PO Box 3176 City State: WA District: 05 Full Rome (Last, First, Middle Initial) B. PALLONE FOR CONGRESS Mailing Address PO Box 3176 City State: VA Disbursement Campaign contribution Candidate Name Rep. Frank Pallone Jr. Office Sought: House President Sanate President State: NJ District: 06 Full Name (Last, First, Middle Initial) C. UPTON FOR ALL OF US Mailing Address 104 Hume Ave Category' Rep. Fred Upton Office Sought: House Senate President Sanate Pr				
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_	Full Name (Last, First, Middle Initial)					5.						
A.	SCHAKOWSKY FOR CONGRESS	;				Date of Disbursement						
	Mailing Address PO Box 5130					03	0		2015	Y		
	- Box 6166					Ų.	ئا ل			_		
	City	State	Zip Code			Trans	action ID	: D164854				
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	Rep. Jan Schakowsky			Catego Type					500	0.00		
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		Primary	General									
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	Mailing Address PO Box 750114					03		6	2015			
	•	State NV	Zip Code 89136			Trans	action ID	: D164920				
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	Campaign contribution			I		Amount	t of Each	Disburseme	ent this	Period		
	Candidate Name			Catego	ry/				250	0.00		
	Rep. Joe Heck			Туре	;		7	7	250	0.00		
	Office Sought: House Disbursen											
		Primary Other (spe	General									
	State: NV District: 03	Other (spi	Colly) \									
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C.	FRIENDS OF JOE PITTS					Date of	f Disburse	ment				
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	Mailing Address PO BOX 775					03	1	6	2015			
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	Unionville	PA	19375			Trans	action ID	: D164921				
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	Campaign contribution Candidate Name					Amount	t of Each	Disburseme	ent this	Period		
	Rep. Joe Pitts			Catego					250	0.00		
	Office Sought: House Disbursen	nent For:	2016	Туре	; ————————————————————————————————————		-	7				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE	53 OF 60
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American Academy of Family Phy	sicians Political Actic	n Committ	ee	
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Full Name (Last, First, Middle Initial)			D . (D)	
A. JUDY CHU FOR CONGRESS			Date of Disbursement	
Mailing Address 6380 WILSHIRE BLVD # 1612				2015
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City	State Zip Code	Transaction ID : D164830		
LOS ANGELES Purpose of Disbursement	CA 90048		Transaction ID 1 D 10 1000	
Campaign contribution			Amount of Each Disbursemer	nt this Period
Candidate Name		Category/	2.2	
Rep. Judy Chu		Type		2500.00
Office Sought: House Disburse	ment For: 2016			
Senate	Primary General			
State: CA District: 27	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. YODER FOR CONGRESS			Date of Disbursement	
TODERT OR CONCRECE			M M / D D / Y	Y Y Y
Mailing Address P.O. Box 26742			03 09	2015
City	State Zip Code		Transaction ID : D164831	
Overland Park Purpose of Disbursement	KS 66225			
Campaign contribution			Amount of Each Disbursemer	nt this Period
Candidate Name		Category/		
Rep. Kevin Yoder		Type		2500.00
	ment For: 2016			
Senate President	Primary General			
State: KS District: 03	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. KURT SCHRADER FOR CONGR	ESS		Date of Disbursement	
			M M / D D / Y	YYYY
Mailing Address PO Box 3314			03 16 2	2015
City	State Zip Code			
Oregon City	OR 97045		Transaction ID : D165064	
Purpose of Disbursement				
Campaign contribution			Amount of Each Disbursemen	nt this Period
Candidate Name Rep. Kurt Schrader		Category/		2500.00
	ment For: 2016	Туре		
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NAME OF COMMITTEE (In Full)									
American Academy of Family Phy	sicians Political Action	on Committ	ee						
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A. LUCILLE ROYBAL-ALLARD FOR	CONGRESS		Date of Disbursement						
Mailing Address 6 E Street, SE			03 09 7 2015						
City	State Zip Code								
Washington	DC 20003		Transaction ID : D	164845					
Purpose of Disbursement Campaign contribution		· · ·	Amount of Each Disl	oursement this Period					
Candidate Name		Category/		2500.00					
Rep. Lucille Roybal-Allard		Type		2500.00					
Office Sought: House Disburse Senate President	ement For: 2016 Primary General Other (specify) ▼								
State: CA District: 34	_								
Full Name (Last, First, Middle Initial)									
B. LYNN JENKINS FOR CONGRES	S		Date of Disbursemen	nt / Y Y Y Y Y					
Mailing Address PO BOX 1441			03 09	2015					
City TOPEKA	State Zip Code KS 66601		Transaction ID : D	164822					
Purpose of Disbursement Campaign contribution			Amount of Each Disl	oursement this Period					
Candidate Name		Category/		1500.00					
Rep. Lynn Jenkins		Туре		1300.00					
Senate President	ement For: 2016 Primary General Other (specify)								
State: KS District: 02									
Full Name (Last, First, Middle Initial) C. MICHAEL BURGESS FOR CONC	BRESS		Date of Disbursemen						
Mailing Address PO Box 2334			03 / 09	2015					
City Denton	State Zip Code TX 76202		Transaction ID : D	164842					
Purpose of Disbursement									
Campaign contribution		1 !!	Amount of Each Disl	oursement this Period					
Candidate Name		Category/		2500.00					
Rep. Michael C. Burgess	_	Туре		2300.00					
Senate President	ement For: 2016 Primary General Other (specify)								
State: TX District: 26									
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Full Name (Last, First, Middle Initial)									
	MITTEE TO ELECT MICHELLE LUJAN GRISHAM								
Mailing Address 2015 DIETZ PL NW				03 16 2015					
City ALBUQUERQUE	State NM	Zip Code 87107		Transaction ID : [: D165116				
Purpose of Disbursement Campaign contribution				Amount of Each Dis	sbursement this Period				
Candidate Name Rep. Michelle Lujan Lujan Grishan	n		Category/ Type	4	2500.00				
	Primary Other (spec	General							
State: NM District: 01									
Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRES	SS			Date of Disburseme					
Mailing Address 607 14th Street, NW				03 09	2015				
City Washington	State DC	Zip Code 20005		Transaction ID : [D164825				
Purpose of Disbursement Campaign contribution				Amount of Each Dis	sbursement this Period				
Candidate Name Rep. Nancy Pelosi			Category/ Type		5000.00				
Office Sought: House Disburse	Primary Other (spec	General	Турс						
Full Name (Last, First, Middle Initial) - RYAN FOR CONGRESS				Date of Disburseme					
Mailing Address P. O. Box 1919				03 / 09	2015				
City Janesville	State WI	Zip Code 53547		Transaction ID : [0164833				
Purpose of Disbursement Campaign contribution				Amount of Each Dis	sbursement this Period				
Candidate Name Rep. Paul D. Ryan			Category/ Type		1500.00				
	ment For: 2 Primary	General							
Senate President State: WI District: 01	Other (spec	cify) 🔻							

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 56 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b	22 X 23 24 25 28 28 29					
	<u> </u>	27						
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
American Academy of Family Phy	sicians Political Actio	n Committ	ee					
Full Name (Last, First, Middle Initial)			5.4 (5.4					
A. FRIENDS OF ROSA DELAURO			Date of Disbursement 03 09 2015					
Mailing Address 12 TRUMBULL STREET								
City	State Zip Code		Transaction ID : D164846					
NEW HAVEN	CT 06511		Transaction ib . D104040					
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
Rep. Rosa DeLauro	annual Form 2012	Type	2300.00					
Office Sought: House Disburse Senate President	ement For: 2016 Primary General Other (specify)							
State: CT District: 03	(op-on-y)							
Full Name (Last, First, Middle Initial)								
B. STEVE ISRAEL FOR CONGRES	S COMMITTEE		Date of Disbursement					
Mailing Address PO BOX 1400			03 09 2015					
City MELVILLE	State Zip Code NY 11747		Transaction ID : D164844					
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
Rep. Steve Israel		Туре	2300.00					
	ement For: 2016 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)								
c. SCALISE FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 23219			03 09 2015					
City JEFFERSON	State Zip Code LA 70183		Transaction ID : D164826					
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	Amount of Each Disbursement this I choose					
Rep. Steve Scalise		Type	2500.00					
Senate President	ement For: 2016 Primary General Other (specify)							
State: LA District: 01								
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	7500.00					
TOTAL This Period (last page this line number only	/)							

SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 57 OF 60		
ITEMIZED DISBURSEMENTS	ED DISBURGEMENTS Use separate schedule(s)				
 	for each category of the Detailed Summary Page	e \square^{210}	22 🗙 23 24 25 26		
		27	28a 28b 28c 29 30		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name					
\	ne and address of any po	illical committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	sisions Dalitical As		la a		
American Academy of Family Phys	sicians Political Ac	tion Committ	tee		
Full Name (Last, First, Middle Initial)					
A. STIVERS FOR CONGRESS			Date of Disbursement		
Mailing Address 4679 Winterset Drive			03 16 2015		
City	State Zip Code				
Columbus	OH 43220		Transaction ID : D164960		
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	0500.00		
Rep. Steve Stivers		Type	2500.00		
Senate President	ment For: 2016 Primary General Other (specify)	I			
State: OH District: 15					
Full Name (Last, First, Middle Initial)			Data of Dishumannant		
B. DUCKWORTH FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. BOX 8867			03 09 2015		
City	State Zip Code		Transaction ID : D164829		
ROLLING MEADOWS	IL 60008				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
Rep. Tammy Duckworth		Type	5000.00		
	ment For: 2016 Primary ☐ General Other (specify) ▼	I			
Full Name (Last, First, Middle Initial) C. TIM MURPHY FOR CONGRESS			Date of Disbursement		
- TIM MORITH FOR CONGRESS			M M / D D / Y Y Y Y		
Mailing Address P.O. BOX 24551			03 16 2015		
City	State Zip Code		Transaction ID : D164923		
PITTSBURGH	PA 15234				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period		
Candidate Name		Cotegory	Amount of Each Dispursement this Period		
		Category/ Type	2000.00		
Rep. Tim Murphy					
Office Sought: House Senate President Disburser	ment For: 2016 Primary General Other (specify) ▼				
Office Sought: House Disburser Senate	Primary General	ı			
Office Sought: House Disburser Senate President	Primary General Other (specify) ▼		9500.00		

SCHEDULE B (FEC Form 3X)	Use a second second	FOR LINE	INDIVIDEIT.	PAGE 58 OF 60
ITEMIZED DISBURSEMENTS	Use separate schedul for each category of t	the Tollook only		
	Detailed Summary Pa		22 X 23 24 28a 28b 28	4 25 26 8c 29 30
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	ame and address of any p	ooiiticai committee to	solicit contributions from	such committee.
NAME OF COMMITTEE (In Full)	ratatana Bullio III	ation O		
American Academy of Family Phy	sicians Political A	ction Commit	iee	
Full Name (Last, First, Middle Initial)				
A. COLE FOR CONGRESS			Date of Disbursement	V - V - W - W
Mailing Address P.O. BOX 722256			03 / 09	2015
City	State Zip Code		Tunneralla IB Bio	1004
NORMAN	OK 73070		Transaction ID : D164	1834
Purpose of Disbursement Campaign contribution			Amount of Each Disbur	sement this Period
Candidate Name		Category/		1000.00
Rep. Tom Cole	oment Fem. 2215	Туре		1000.00
Office Sought: House Disburse Senate	ement For: 2016 Primary Gener	ral		
President	Other (specify)	αı		
State: OK District: 04				
Full Name (Last, First, Middle Initial)				
B. PRICE FOR CONGRESS			Date of Disbursement	
			M M / D D /	Y Y Y Y Y
Mailing Address P.O. Box 425			03 09	2015
City	State Zip Code		Transaction ID : D164	 4828
Roswell Purpose of Dishursement	GA 30077			
Purpose of Disbursement Campaign contribution			Amount of Each Disbur	sement this Period
Candidate Name		Cotogorat		
Rep. Tom Price		Category/ Type		2500.00
•	ement For: 2016	1 **		
	Primary Gener	ral		
President	Other (specify) ▼			
State: GA District: 06				
Full Name (Last, First, Middle Initial) C. TOM PEED FOR CONCRESS			Date of Disbursement	
c. TOM REED FOR CONGRESS				V V V V
Mailing Address PO Box 10847			03 26	2015
City	State Zip Code	7	Transaction ID : D165	5151
Rochester Purpose of Disbursement	NY 14610-084	· I		
Campaign contribution			Amount of Each Disbur	sement this Period
Candidate Name		Category/	Amount of Edolf Disbut	Comone uno 1 Gilou
Rep. Tom Reed		Type		1000.00
Office Sought: House Disburse	ement For: 2016	•		
Senate	Primary Gener	ral		
President	Other (specify) ▼			
State: NY District: 23				
				4500.00
SUBTOTAL of Disbursements This Page (optional)		·····		4500.00
TOTAL This Desired (feet seems 1).				
TOTAL This Period (last page this line number onli	у)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 59 OF 60
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Deposite and Chate	monto mov not be cold as we		
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	<u> </u>		
American Academy of Family Phy	sicians Political Actio	n Committ	ee
Full Name (Last, First, Middle Initial)		Ī	
A. FRIENDS OF SCHUMER			Date of Disbursement
Madding Address Too Madding Co. Madding Co.			M M / D D / Y Y Y Y
Mailing Address 509 MADISON AVE SUITE 1902			03 09 2015
City	State Zip Code		Transaction ID - D404000
NEW YORK	NY 10022		Transaction ID: D164839
Purpose of Disbursement Campaign contribution]	Amount of Each Disbursement this Period
Candidate Name		Category/	2502.55
Sen. Charles E. Schumer		Type	2500.00
	ment For: 2016		
Senate President	Primary General Other (specify)		
State: NY District: 00	Caron (openity)		
Full Name (Last, First, Middle Initial)			
B. STABENOW FOR US SENATE			Date of Disbursement
Mailing Address P.O. BOX 4945			03 16 2015
City	State Zip Code		Transaction ID : D165065
EAST LANSING Purpose of Disbursement	MI 48826		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Debbie Stabenow		Type	1000.00
	ment For: 2018		
Senate President	Primary General Other (specify) ▼		
State: MI District: 00	Outer (Specify)		
Full Name (Last, First, Middle Initial)			
C. MONTANANS FOR TESTER			Date of Disbursement
Malling Address DO DOV 112			M M / D D / Y Y Y Y
Mailing Address PO BOX 1135			03 09 2015
City	State Zip Code		Transaction ID : D164847
HELENA Purpose of Disbursement	MT 59624		TailSaction iD . D104047
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Dispursement this Period
Sen. Jon Tester		Type	2500.00
	ment For: 2018		,
Senate Street Senate	Primary General		
State: MT District: 00	Other (specify) ▼		
State: MT District: 00			
SUBTOTAL of Disbursements This Page (optional).			6000.00
(opional).			
TOTAL This Period (last page this line number only	·)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 60 OF 60
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
Г		27	28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	sicians Political Acti	on Committ	ree
Full Name (Last, First, Middle Initial)			Data of Bishows and
A. PEOPLE FOR PATTY MURRAY			Date of Disbursement
Mailing Address PO BOX 3662			03 09 2015
City	State Zip Code		
SEATTLE	WA 98124		Transaction ID: D164824
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Patty Murray	_	Туре	2300.00
Office Sought: House Disburse	ment For: 2016 Primary		
President	Other (specify)		
State: WA District: 00	· · · · · · ·		
Full Name (Last, First, Middle Initial)			
B. RICHARD BURR COMMITTEE; T	HE		Date of Disbursement
Mailing Address POST OFFICE BOX 5928			03 09 2015
City WINSTON-SALEM	State Zip Code NC 27113		Transaction ID: D164848
Purpose of Disbursement Campaign contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Sen. Richard M. Burr		Type	2500.00
	ment For: 2016		
	Primary General		
State: NC District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. WYDEN FOR SENATE			Date of Disbursement
Mailing Address 232 NE 9TH AVENUE			03 09 2015
City	State Zip Code		
PORTLAND	OR 97232		Transaction ID : D164838
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each disbursement this Feriod
Sen. Ron Wyden		Type	2500.00
Office Sought: House Disburse	ment For: 2016		
Senate	Primary General		
President	Other (specify) ▼		
State: OR District: 00			
SUBTOTAL of Disbursements This Page (optional).		·····	7500.00
			93500.00
TOTAL This Period (last page this line number only)		95500.00